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## BIB DATA SHEET

CONFIRMATION NO. 8390

|   |   |                                   |   |  |                                |
|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/676,103  | <b>FILING or 371(c) DATE</b><br>10/02/2003<br><b>RULE</b>   | <b>CLASS</b><br>600               | <b>GROUP ART UNIT</b><br>3737   | <b>ATTORNEY DOCKET NO.</b><br>MR1957-786   |                                |
| <b>APPLICANTS</b><br>William Pan, Taipei, TAIWAN;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b><br>12/29/2003   |   |                                   |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and <u>/PARIKHA SOLANKI</u><br>Acknowledged <u>MEHTA/</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>TAIWAN | <b>SHEETS DRAWINGS</b><br>6   | <b>TOTAL CLAIMS</b><br><del>20</del><br>16 | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>ROSENBERG, KLEIN & LEE<br>3458 ELLICOTT CENTER DRIVE-SUITE 101<br>ELLICOTT CITY, MD 21043<br>UNITED STATES  |   |                                   |   |  |                                |
| <b>TITLE</b><br>Method for remotely controlling medical apparatuses and device therefor   |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>385   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |